2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2004
Secretary of State

DOCUMENT# L00000000839

Entity Name: B.I.G., LLC

Current Principal Place of Business:

1160 HOLLOWBROOK LANE, N.E.
MALABAR, FL 32950

New Principal Place of Business:

Current Mailing Address:

1160 HOLLOWBROOK LANE, N.E.
MALABAR, FL 32950

New Mailing Address:

FEI Number: 59-3617341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S. HARBOR CITY BOULEVARD, SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: COTTI, BRUCE DAVID
Address: 1160 HOLLOWBROOK LANE, N.E.
City-St-Zip: MALABAR, FL 32950

Title: MGR ( ) Delete
Name: TRAFIBIO, PHILIP JOHN
Address: 3040 COREY ROAD
City-St-Zip: MALABAR, FL 32950

Title: MGR ( ) Delete
Name: ZIEGLER, ANDREW JEFF
Address: 4045 POWELL RD
City-St-Zip: W MELBOURNE, FL 32904

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRUCE COTTI MGR 03/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date